



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E308047**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00364
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 02 - 13 - 2014	1630	31		
N S	E W	IN OF	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	
STATE ROUTE 9	MILE POST	400

DISTANCE	OF (REFERENCE OR CROSS STREET)
75 00 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	4TH ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 5093015069
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LAST NAME	WHISMAN	FIRST NAME	KRISTYN	MIDDLE INITIAL	V
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STREET NEW ADDRESS	2005 130TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589213
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CDL	RESTRICTIONS B	ENDORSEMENTS	
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DRIVER'S LICENSE #	WHISMKV175NS	STATE	WA	SEX	F	D.O.B. MMDDYYYY	08 - 10 - 1983
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AJV1180	STATE	WA	VIN#	JTDZN3EU8C3184015
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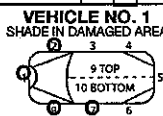
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	TOYT	MODEL	PRIUS	STYLE	SW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	KRISTYN WHISMAN 1224 SUNDAY LAKE RD STANWOOD WA 98292
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 02506 47 43G
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 970568573
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LAST NAME	STANLEY	FIRST NAME	GEORGE	MIDDLE INITIAL	G
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STREET NEW ADDRESS	164 SUNFLOWER DR
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CITY	WINDSOR	ST	CO	ZIP	80550
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CDL	A	RESTRICTIONS B	ENDORSEMENTS M
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DRIVER'S LICENSE #	920851598	STATE	CO	SEX	M	D.O.B. MMDDYYYY	04 - 22 - 1954
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	243LSM	STATE	CO	VIN#	3GTRKVE37AG266758
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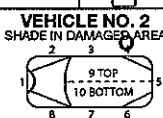
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	GM	MODEL	PK	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976 729758 11/25
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E308047**

CASE # **14-00364**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)						SEX		D.O.B. MMDDYYYY											
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Units 2 and Unit 3 were both stopped in traffic on State Route 9. Driver of Unit 1 was looking for food in her lunch box and did not see Unit 2 and Unit 3 were stopped. Unit 1 rear-ended Unit 2 causing Unit 2 to rear-end Unit 3. Driver of Unit 3 complained of back pain and would seek medical attention on her own.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

02-17-14 11:35 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

2/18/2014 1:16:57 AM

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:30 PM**

TIME POLICE ARRIVED **4:41 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E308047**

CASE # **14-00364**

COMMERCIAL MOTOR CARRIER

UNIT # USDOT ICC # INTERSTATE ☐ INTRASTATE ☐ VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE AXLES GVWR PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE **D: 4259230295**

LAST NAME **THIER** FIRST NAME **ANNELIESE** MIDDLE INITIAL **J**

STREET NEW ADDRESS ☐ **16826 118TH ST NE**

CITY **ARLINGTON** ST **WA** ZIP **982237978**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **THIERAJ094K9** STATE **WA** SEX **F** D.O.B. **MMDDYYYY 05 - 29 - 1991**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **MID BACK PAIN**

LICENSE PLATE # **446YGM** STATE **WA** VIN# **5NPEU46F59H415148**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2009** MAKE **HYUN** MODEL **SON4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **WILLIAM HOWELL 16826 118TH ST NE ARLINGTON WA 98223**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **ALLSTATE 976618716**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. **MMDDYYYY** - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

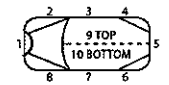
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

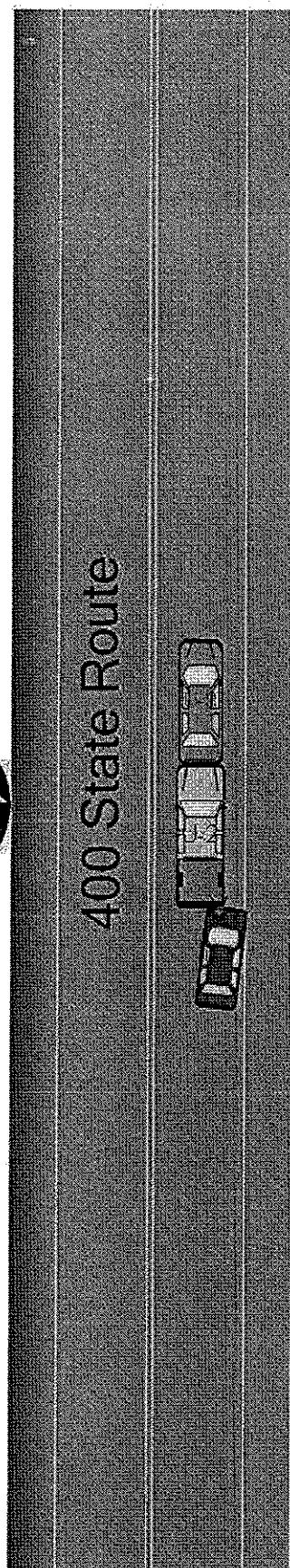
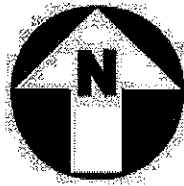
INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

02-17-14 11:35 AM

DATED:

PLACE SIGNED

BADGE OR ID # **075** ORI # **WA0311900** APPROVED BY **SUMMERS** DATE **2/18/2014** PAGE **3** OF **4**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00364

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) WHISMAN, KRISTYN	RACE WHITE	ETH	SEX F	DOB 08/10/1983	AGE 30	HGT 5'2"	WGT 150	HAIR BR	EYES BR
STREET ADDRESS 1224 Sunday Lake Rd		CITY Stanwood		STATE WA		ZIP 98292		RES. STATUS		
HOME PHONE		CELL PHONE 509 301 5069		PLACE OF EMPLOYMENT Edmonds Community College						
WORK PHONE 425 330 2723		EMAIL ADDRESS kwhisman@gmail.com								

I, Kristyn Whisman, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On February 13, at approx 1630 hours, I, Kristyn Whisman was driving North on Highway 9, near the intersection of Market Pl. While driving, I looked over to the Drivers passenger seat in order to unzip my lunch bag to retrieve a food item. I also intended to change the radio station at the same time. When I looked back forward to the road and saw that I was too close to the vehicle in front of me. I attempted to drive toward the shoulder and brake, but was unable to do so before rear-ending the vehicle in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>K Whisman</i>	DATE SIGNED 02/13/14	LOCATION SIGNED Lake Stevens, Highway 9
OFFICER/NUMBER: <i>C. Christ 275</i>	DATE SIGNED 2/17/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00364

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) THIER Anneliese Jena	RACE White	ETH	SEX F	DOB 5-29-1991	AGE 22	HGT 5'5"	WEIGHT 125	HAIR BRN	EYES BLU
STREET ADDRESS 16826 118th ST NE		CITY Arlington			STATE WA		ZIP 98223		RES. STATUS	
HOME PHONE		CELL PHONE 425-923-0295			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS Anneliese.Thier@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stoped in traffic and the truck behind me was stoped and all of a sudden I was hit from behind and relized the car behind the truck hit me and because and hit me cause he was pushed. My back instantly hurt. and I was shaking.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Anneliese Thier	DATE SIGNED Feb 13, 2014	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: P. [Signature] #75	DATE SIGNED 2/17/14	LOCATION SIGNED

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PAGE 1 OF 1

ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-00364



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Gonzales Stanley George	RACE H	ETH	SEX M	DOB 4-22-1954	AGE 59	HGT 5'6"	WEIGHT 180	HAIR DB	EYES B
STREET ADDRESS 4830 104 th Place NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE		CELL PHONE 970-566-8573			PLACE OF EMPLOYMENT Universal Forest Products LLC					
WORK PHONE 360-568-3185		EMAIL ADDRESS sgonzales@UFPI.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped at 4th & Hwy 9. When another car behind me hit me in the back of my truck which pushed my truck into the car stopped in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Stanley Gonzales</i>	DATE SIGNED 2-13-14	LOCATION SIGNED 4 th & Hwy 9
OFFICER/NUMBER: C. Minter #25	DATE SIGNED 2/17/14	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14002900

Case Numbers: \$SS14000364

Entered 02/13/14 16:30:00 BY SPCT08 SP0370
Dispatched 02/13/14 16:30:34 BY SPDP17 SP0368
Enroute 02/13/14 16:30:34
Onscene 02/13/14 16:41:03
Closed 02/13/14 17:08:53

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: T

Loc: 4 ST SE/SR 9 SE , LKS (V)

Loc Info: JUST NORTH OF LOC

Name: THIER, VALARIE

Addr:

Phone: 4253275026

/1630 (SP0370) ENTRY , CC, NOW, NON INJURY, NON BLOCKING, GRY HYUNDAI
VS GRY TRUCK VS BLU PC
/1630 (SP0368) AGCADV , BCST
/1630 DISPER 19S15 #SS75 CHRISTENSEN, OFCR (CHAD)
/1641 (SS75) *ONSCNE 19S15
/1645 (*****) REMINQ 19S15 AJV1180
/1645 (SP0368) REMINQ 19S15 LIC, 19S15, AJV1180, , ,
/1646 ROTREQ 19S15 TOW 5348 LKS SPEEDWAY TOWING INC
3605635630 , OWNER REQ
/1649 ASNCAS 19S15 \$SS14000364
/1650 MISC 19S15 , SPEEDWAY TOW ER
/1708 CLEAR 19S15 D/H
/1708 CLOSE 19S15

LSPD
ORIGINAL